Dental Services for Beneficiaries Age 21 and Older

7313~~4~~.202 Dental Services for Beneficiaries Age 21 and Older ~~(12/26/2012, 12-07)~~

4.202.1 Definitions

For the purposes of this rule, the term:

(a) **"Dental services"** mean ~~are~~ preventive, diagnostic, or corrective procedures ~~involving the oral cavity and teeth. [See 42 CFR § 440.100]~~including the treatment of:

(1) The teeth and associated structures of the oral cavity, and
(2) Disease, injury, or impairment that may affect the oral or general health of the beneficiary.

(b) **"Dentist"** means an individual licensed to practice dentistry or dental surgery.

7314.202.2 Covered Services ~~(12/26/2012, 12-07)~~

Coverage of dental services for beneficiaries age 21 and older is limited to medically necessary dental services.

~~Medically necessary services include but are not limited to following general categories: Dental services:~~
~~(1) prevention, evaluation and diagnosis, including radiographs when indicated;~~
~~(2) periodic prophylaxis,~~
~~(3) limited periodontal therapy;~~
~~(4) treatment of injuries~~
~~(5) oral surgery for tooth removal and abscess drainage;~~
~~(6) endodontics (root canal therapy);~~
~~(7) restoration of decayed teeth; and~~
~~(8) non-surgical treatment of temporomandibular joint disorders.~~

~~The dental fee schedule contains a detailed list of covered dental procedures and services. It also indicates which procedures and services require prior authorization.~~

7~~3~~4.202.3 Eligibility for Care ~~(12/26/2012, 12-07)~~

(a) B~~b~~eneficiaries age 21, and ~~or~~ older, are eligible for dental services under this rule.

(b) ~~For~~ D~~d~~ental services for pregnant and postpartum women, and/or beneficiaries under the age of 21, are covered under ~~beneficiaries under age 21 see~~ R~~r~~ule ~~7312~~4.203 Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women.

4.202.4~~7313.2~~ Qualified Providers ~~(12/26/2012, 12-07)~~

Dental services must be provided by, or under the supervision of, a licensed dentist enrolled ~~in the Green Mountain Care Network.~~ in Vermont Medicaid and working under the scope of his or her practice.

~~7313.5~~ 4.202.5 Conditions for Coverage ~~(12/26/2012, 12-07)~~

(a) Periodic prophylaxis, including topical fluoride application, is limited to once every six months. More~~,~~

~~except more~~ frequent treatments ~~can be~~require prior authorization~~ed~~ ~~-~~by the Department of Vermont Health Access~~VHA; ;~~.

(b) N~~n~~on-surgical treatment of temporomandibular joint (TMJ) disorders is ~~is~~limited to the fabrication of an occlusal orthotic appliance (TMJ splint).

(c) Local anesthesia is covered as~~nsidered~~ part of the dental procedure and shall not be ~~covered as a separate procedure~~ separately reimbursable~~.~~.

(d) Pulp capping and bases are covered ~~nsidered as~~ incidental to a restoration and shall not ~~be covered as separate procedures~~separately reimbursable.~~.~~

4.202.6 Conditions for Reimbursement

(a) Coverage of dental services for beneficiaries age 21 or older is limited to a maximum dollar amount of $510 per beneficiary per calendar year.

(b) The Department of Vermont Health Access publishes and periodically updates a Dental Procedures fee schedule which sets the fees reimbursable under the Medicaid program and lists procedures excluded from the maximum dollar amount.

(c) Medical and surgical services of a dentist, as described in R~~r~~ule ~~7311~~ 4.204, are not subject to the ~~is~~ maximum dollar amount.

(d) Providers may bill a beneficiary for procedures after the maximum annual dollar amount for services has been reached. Providers shall follow these conditions when billing a beneficiary.

(1) Billed amounts may not exceed the appropriate procedure rate included in the Dental Procedures fee schedule.
(2) Providers shall acquire written acknowledgement of financial liability from a beneficiary prior to billing.
(3) These conditions do not apply to procedures that are not covered by Vermont Medicaid.

4.202.7 ~~7373.6~~ Prior Authorization Requirements
~~(12/26/2012, 12-07)~~

~~Prior authorization by the DVHA is required for most special dental services.~~
The Dental Procedures Fee Schedule contains a detailed list of covered dental procedures and services and indicates which require prior authorization. The Dental Procedures fee schedule can be found on the Department of Vermont Health Access website.

~~7313.4~~4.202.8 Non-Covered Services ~~(12/26/2012, 12-07)~~
~~Non covered services are those services not included under rule 7313.3 and services that do not meet criteria specified in rules 7313.5, and 7313.6.~~

Services that are not covered ~~-~~include: ~~cosmetic~~ procedures for cosmetic purposes; and certain elective procedures~~, . Refer dental fee schedule for a complete list.,~~ including but not limited to: bonding, sealants, periodontal surgery, comprehensive periodontal care, orthodontic treatment, processed or cast crowns and bridges.
~~(a) Local anesthesia is considered part of the dental procedure and shall not be covered as a separate~~

procedure.
Pulp capping and bases are considered incidental to a restoration and shall not be covered as separate procedures.

7313.7 Reimbursement/Copayments (12/26/2012, 12-07)

Beneficiaries are required to pay a $3.00 co-payment to each provider for services rendered on that day. For exclusions see rule 4161 (C.).65.00

Reimbursement for dental services is described in the Dental Supplement and the Dental Fee Schedule.